	0.000.000.001.10.000							·	10/660822			
	CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMAI	L ENTITY			HER THAN
	FOR					•		1	-		" SM/	ALL ENTIT
	ASIC FEE 7 CFR 1.16(#))		HUMBER FILEO		O I NO	NUMBER EXTRA		RATE	FEE	_	RATE	· FO
Ť	OTAL CLAIMS							772	- 15	0	R	5
48	7 CFR 1.16(c)) DEPENDENT CL	AIMS	·	minus	20 =	· · · · · · · · · · · · · · · · · · ·	_	x 120:			R x 50	
10	7 CFR 1.16(b)1		minus 3 c		3 €	•		x <u>100</u>		01	, x, 200	2
M	UL IIPLE DEPEN	TIPLE DEPENDENT CLAIMPRESENT (37 CFR 1.16(d))								Of	. 360	
•	"If the difference in column 1 is less than zero, enter "0" in column 2.							. TOTAL		Or.	<u> </u>	-
1	. , (CLAIMS	S AS AN	NENDE	D-PART (I			•			·	L
14/13/07												
-	1		Olumn 1)		(Column 2)	(Column 3	"	SMALL	ENTITY	OR		ER THAN L ENTITY
4		REN	AHING FTER		HIGHEST NUMBER	PRESENT	r	RATE	ADDI-	7 .	RATE	
Į Ž	Total		MOMENT		PREVIOUSLY PAID FOR	EXTRA	_		FEE		iviic	TIOHAL FEE
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₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(H))											
	•					TOTAL		(TOTAL			
	• If the entry in co	olumn 1 is Kumber P	reviously	the entry	In column 2, will IN THIS SPACE	o "O" in column oc nest zest za	3.	٠.	J	OR	WOOT LEE	
	FIRST PRESENT	oluma 1 is	less than	. the entry		a TO in column	J.	+s 180. TOTAL ADOL FEE	•	OR OR	. 300_	

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "20".

Ithe "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "20".

Ithe "Highest Number Previously Paid For" (N Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes is complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for returning this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO ITHIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22311-1450.

If you need assistance in completing the form, cell 1-600-PTO-9199 and solect option 2